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|--|--|---|--|--|--|--|--|------------------------------------|--|--|--|-------------------------|------|----------------------------------|--|
| CLAIMANT'S NAME Joan E. Denton, Ph.D. | | | | SSN OR EMPLOYEE NUMBER | | | | DEPARTMENT OEHHA | | | | | | | |
| POSITION Director | | CB/ID NUMBER N/R | | DIVISION OR BUREAU Executive Office | | | | INDEX NUMBER 1000 | | | | | | | |
| RESIDENCE ADDRESS (See Work Address) | | | | HEADQUARTERS ADDRESS 1001 I Street | | | | TELEPHONE NUMBER (916) 322-6325 | | | | | | | |
| CITY Sacramento | | STATE CA | | ZIP CODE 95814 | | CITY Sacramento | | STATE CA | | ZIP CODE 95814 | | | | | |
| (1) MONTH/YEAR 12/09-2/10 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | | (4) LODGING | | (5) MEALS BREAK-FAST LUNCH O.T./T, NC, RELO. OR DINNER | | (6) INCIDENTALS | | (7) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMT | | (8) BUSINESS EXPENSE | | (9) TOTAL EXPENSES FOR DAY | |
| (2) DATE TIME | | | | | | | | | | | | | | | |
| 12/16 | | Oakland, CA & return | | | | | | | | SC 6.25 | | 0.00 | | 6.25 | |
| 1/7 | | Oakland, CA & return | | | | | | | | SC 15.25 | | 0.00 | | 15.25 | |
| 2/8 | | Hanford, CA | | 76.79 | | 6.00 13.00 | | | | SC | | | | 95.79 | |
| 2/9 | | Kettleman City, CA | | 86.90 | | 6.00 12.00 | | 6.00 | | SC | | | | 110.90 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| (10) | | | | | | | | | | | | | | | |
| SUBTOTALS | | | | 163.69 | | 0.00 12.00 25.00 | | 6.00 | | 0.00 0.00 | | 21.50 0.0 | | 0.00 0.00 | |
| CLAIM TOTAL | | | | | | | | | | | | \$ | | 228.19 | |
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 12/16/09 & 1/7/10: Attend staff meetings at OEHHA Oakland office. 2/8-2/10/10: Representing Cal/EPA in Hanford & Kettleman City meetings following reports of birth defects. | | | | | | | | | | | | | | | |
| (12) NORMAL WORK HOURS 0800 - 1700 | | | | AGENCY ACCOUNTING OFFICE USE ONLY | | | | | | | | | | | |
| (13) PRIVATE VEHICLE LICENSE NO. | | | | | | | | | | | | | | | |
| (14) MILEAGE RATE CLAIMED | | | | | | | | | | | | | | | |
| AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER | | | | | | | | | | | | | | | |
| (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. | | | | | | | | | | | | | | | |
| CLAIMANT'S SIGNATURE [Signature] | | | | DATE 2-23-10 | | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature] | | | | DATE | | | | | |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [Signature] | | | | | | | | | | | | | DATE | | |